TOWN OF LEESBURG BLOCK PARTY PERMIT REQUEST

This application <u>must</u> be submitted to the Leesburg Police Department, 65 Plaza Street, NE, Leesburg, VA 20176, at least 30 days prior to the date of the block party.

Contact inform	ation:				
		(Name and full a	ddress of Event	t Coordinator)	
		(Daytime	phone number)		
Date of event: _			, 20	Rain Date:	, 20
Time frame: _		_to	_ (Street o	closure shall not extend	past 10:00 PM)
Location:			fr	om	
				OM (House number or	
to	number or s	treet intersection)		is to be blocked for	r the event.
		ch the signa this form).	tures to th	is request utilizing the	signature page provided
granted to hold There wi	a block ll be no	x party on th alcoholic be	e above lis verages in	sted date and time at th	de, permission is hereby ne above listed location. if any, should be kept as
John A. Wells	s, Town	Manager		Joseph R. Price, Chief	of Police
Date:			_		

BLOCK PARTY PERMIT REQUEST SIGNATURE PAGE

	from		of street closure)
(Date of event)	(Beginning time)		1
Printed Name)	(Signate	ure)	(Address)
(Printed Name)	(Signati	ure)	(Address)
(Printed Name)	(Signate	ure)	(Address)
(Printed Name)	(Signate	ure)	(Address)
(Printed Name)	(Signate	ure)	(Address)
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(Printed Name)	(Signate	ure)	(Address)
(Printed Name)	(Signate	ure)	(Address)
(Printed Name)	(Signate	ure)	(Address)
(Printed Name)	(Signate	ure)	(Address)